

Testimony of Jeffrey Steele

President and Chief Executive Officer, First Choice Health Centers Inc.

Chairs and distinguished members of the Human Services Committee:

My name is Jeffrey Steele and I am President and Chief Executive Officer of First Choice Health Centers Inc serving the communities of East Hartford, Manchester and Vernon. I am submitting this testimony related to HB 6517 AN ACT PROVIDING MEDICAID COVERAGE FOR CERTIFIED, REGISTERED DIETITIAN-NUTRITIONIST (RDN) SERVICES PROVIDING MEDICAL NUTRITION THERAPY.

In 2022, First Choice served 18,145 patients, which we specialize in providing care for traditionally underserved communities. As a federally qualified health center, First Choice does not turn people away based on their ability to pay for services, and patients have access to same-day medical, dental, behavioral health, and specialty services. First Choice provided health care services to 16,363 patients who fall under 200% of the federal poverty guideline in 2022. Included in the number above are 3,081 people who are uninsured and would have no other access to health care in the community.

We're immensely proud of the work that our health centers have done in protecting our communities from the coronavirus. Connecticut's community health centers have provided over 944,000 COVID tests and fully vaccinated over 409,000 residents between August of 2020 and May of 2022.

We submit this testimony on issues critical to protecting the integrity of Connecticut's health centers, and we welcome the legislature's support as we move through the process. We appreciate the opportunity to highlight the important work of Connecticut's health centers and policy initiatives that will fortify and enhance access to primary care.

First Choice and CHCACT supports this bill. The communities that health centers serve are at increased risk of developing chronic conditions like heart disease, hypertension, and diabetes due to health disparities. Health centers have had considerable success with improving community health and reducing Emergency Department usage when increasing access to care and services. Connecticut's health centers treat 77,000 patients every year for obesity; 64,000 patients for

hypertension; and 37,000 patients for diabetes every year (1). All of these patients would benefit from having greater access to dietitians.

We would like to propose that the bill include language allowing Medicaid providers to bill for both a primary care visit and a visit with a dietitian nutritionist on the same day. Making this change to the language will enable health centers to offer these services to Medicaid patients on a broader scale. Several of our health centers currently employ dietitian nutritionists, however they are not able to offer these services on the same day as a primary care visit. These are both considered medical visits, and current DSS regulations prevent health centers from being able to bill for two consecutive medical visits on the same day. Health center patients experience challenges in getting to medical appointments—they often have trouble accessing transportation, childcare, and time off work to visit with their providers. Currently, if someone goes in for a primary care visit and during the visit presents with symptoms or conditions that would make them a candidate for working with a dietitian nutritionist, a health center will have to send them home and ask them to come back the next day to see a dietitian. In many cases, these appointments with dietitians are either missed or rescheduled due to the circumstances that surround health center patients, and the “second day appointment” issue leads to delays in care and limits the accessibility of care at health centers.

This timing barrier reduces utilization of these services, and patients would be better able to avail themselves of the services of dietitian nutritionists if health centers and other entities were able to bill for both visits on the same day. Providing care in this way would enhance access and reduce administrative burden. Additionally, patients who are referred to dietitian nutritionists may not have a full understanding of why an additional appointment is needed if they have already seen and talked with their doctor. Patients who receive HUSKY benefits don’t always attend referral appointments due to the factors listed above, however we can reduce missed appointments by making it easier for patients to use services from a dietitian nutritionist by offering these appointments on the same day as a primary care visit.

Making these services easier to access will likely reduce overall health care costs. In a meta-analysis conducted by Sikand, et al., it was found that patients with

¹ Based on 2021 UDS data

dyslipidemia referred to registered dietitian nutritionists for medical nutrition therapy lowered LDL cholesterol and improved A1C levels for fasting blood sugar. There were also positive results for reduced BMI, lowering blood pressure, and reducing the medication needed to manage patients' health. The study further indicated that there was a cost savings of between \$638 and \$1456 per patient per year (2). As noted earlier, Connecticut's health centers serve thousands of patients with chronic conditions that would greatly benefit from treatment by a dietitian nutritionist. Increasing access to these services for Medicaid recipients will lower overall health care costs and greatly improve the quality of care that health centers can deliver in the communities that they serve.

Thank you for your attention to this important issue. This particular effort to increase access to services for Medicaid recipients represents the kind of smart, forward-thinking policy that will improve health care, enhance health equity, and build better community health in areas of the state that experience health disparities.

Sincerely,

Jeffrey Steele

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² <https://pubmed.ncbi.nlm.nih.gov/30055973/>